

<b>POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Patent Number:</b>		7,392,077	
	<b>Issue Date:</b>		June 24, 2008	
	<b>Application Number:</b>		10/822,600	
	<b>Filing Date:</b>		April 12, 2004	
	<b>First Named Inventor:</b>		Richard L. Mueller	
	<b>Attorney Docket Number:</b>		BSX:318USD1	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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**OR**

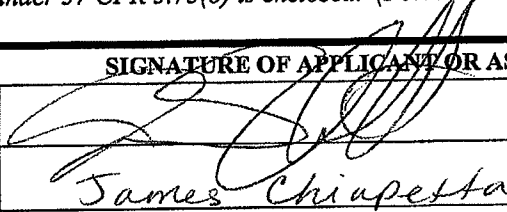
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD**

Signature			
Name	James Chiapetta		
Title and Company	BOSTON SCIENTIFIC SCIMED, INC.	Telephone	763-494-2509
Date	September 17, 2008		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.